

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/07/2012	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5801 W BETHEL AVE MUNCIE, IN 47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/07/12</p> <p>Facility Number: 000086 Provider Number: 155170 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village Muncie Inc. was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident</p>		K0000	See Enclosed Attachments			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>sleeping rooms. The facility has a capacity of 76 and had a census of 56 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached barn and one smoking shed which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation, record review and interview; the facility failed to ensure 2 of 2 gauges for the sprinkler system were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 08/07/12 at 2:18 p.m. with the Maintenance Supervisor, two pressure gauges on the sprinkler riser system located in the closet of room number eight on Featherstone hall each had manufacturer's dates of 2006. Based on Sprinkler Inspection Records review on 08/07/12 at 03:45 p.m. with the Maintenance Supervisor, documentation did not reveal the sprinkler system gauges had been calibrated or the date of</p>		K0062	<p>Westminster Village Muncie, Inc. Plan of Correction</p> <p>K-062 NFPA 101 Life Safety Code Standard - Sprinklers</p> <p><i>1) What corrective actions(s) will be accomplished for those Residents found to have been affected by the alleged deficient practice:</i></p>		08/07/2012	

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	<p>installation. Based on interview on 08/07/12 at 2:25 p.m. with the Maintenance Supervisor, it was acknowledged the pressure gauges had exceeded the five year requirement for calibration or replacement.</p> <p>3.1-19(b)</p>			<p>No resident had direct contact with the sprinkler system.</p> <p>It should be noted that per the Koorsen Fire & Security contract, inspections occur on a regular basis. Issue had been addressed prior to annual Life Safety Code Inspection. Physical Plant Director had previously directed installation to occur.</p> <p>2) How other Residents having</p>			

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				<p><i>the potential to be affected by the same alleged deficient practice will be identified and what corrective actions(s) will be taken:</i></p> <p>No resident had direct contact with the sprinkler system.</p> <p>The alleged deficient practice had already been addressed, however the gauges had not been replaced yet. Koorsen Fire & Security was notified of</p>			

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				<p>their deficient practice and the issue was resolved on the same day of the Life Safety Code Inspection.</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur:</p> <p>The Koorsen Fire & Security inspection contract still remains in force. Per the regular maintenance of the system by Koorsen, the alleged deficient practice</p>			

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				<p>was found by the said inspection system. Koorsen was notified of said situation and apologized for their lack of follow up on the noted report.</p> <p>4) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place:</p> <p>The Physical Plant Director will continue the practice of monitoring work performance of</p>			

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				<p>outside vendors.</p> <p>5) All components of the systematic adjustments for notification of changes will be implemented by: August 7, 2012.</p>			